

**ADULT NONMEDICAL ALCOHOLISM OR DRUG ABUSE  
RECOVERY OR TREATMENT  
FACILITY**

**LICENSE EXTENSION**

**APPLICATION BOOKLET**

**ADP 5085-LEX**



**STATE OF CALIFORNIA**

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

**QUALITY ASSURANCE DIVISION**

**LICENSING AND CERTIFICATION BRANCH**

**1700 K STREET**

**SACRAMENTO, CA 95814-4037**

**(916) 322-2911**

**FAX (916) 323-0659**

**TTY (916) 445-1942**

# ***REQUEST FOR LICENSE EXTENSION***

## **Requirements for Extension:**

Pursuant to Section 10529 of the California Code of Regulations, the Department of Alcohol and Drug Programs shall extend the period of licensure if the licensee:

- Updates the licensing information contained in the licensee's application for licensure.
- Pays all licensing fees in accordance with Section 10533. The current fee for profit providers is \$2,150 for a two-year license. All profit providers will be billed for the extension of the license by the Department of Alcohol and Drug Programs, Accounting Office.
- Pays any civil penalties assessed in accordance with Section 10547 and adjudicated pursuant to Section 10550.
- Maintains a valid fire clearance.
- Continues to be in compliance with the provisions of Chapter 7.5 (commencing with Section 11834.01), Part 2, Division 10.5 of the Health and Safety Code.

This licensing extension booklet details the requirements in three sections:

Section A - Contains extension application forms which must be completed and submitted to the Department. Some Section A documents need only to be completed if there has been a change from documents previously submitted.

Section B - Identifies documents the licensee must submit **ONLY** if there has been a change from the documents previously submitted.

Section C - Reminds providers of the areas that will be reviewed at the time the Department conducts its on-site compliance review. *Documents identified are not to be submitted to the Department prior to the review of the facility but must be readily available for review at all times.*

It is recommended that the licensee retain a copy of completed materials for their records. Please mail the completed application forms contained in Section A and only the Section B documents which have been revised to:

***Department of Alcohol and Drug Programs  
Licensing and Certification Branch  
1700 K Street  
Sacramento, CA 95814-4037***

## **Public Information**

Information provided by the licensee(s) for license extension can be made available for public review unless otherwise exempted by law (Inspection of Public Records, Chapter 3.5, Division 7, Government Code).

## **License Extension Processing**

Please note that failure to pay all licensing fees or civil penalties, or to return the information requested in this extension booklet by the expiration date of the licensee **shall** result in automatic expiration of the license. If this occurs, continued operation of the facility beyond the date of expiration is prohibited by Section 11834.30 of the Health and Safety Code and Section 10505, Title 9, of the California Code of Regulations.

<b>DIRECTIONS TO FACILITY</b> (licensee may include map)	) 250 ( 3\$570 ( 17\$/ 86( 21/ <
	COUNTY:
	DATE:
	REVIEWED BY:
	ID NUMBER:

## LICENSE EXTENSION APPLICATION

### SECTION A

1. License Number as it appears on license to be extended: \_\_\_\_\_

2. Name of the licensee to be listed on extended license.

\_\_\_\_\_

Is the licensee's name the same as on the current license? ☐ YES ☐ NO

If no, and the licensee name has changed, a complete initial application may be required. Contact the Department immediately to obtain clarification

3. Program name to be listed on license to be extended:

\_\_\_\_\_

Is the program name, the same as on the current license? ☐ YES ☐ NO

4. Facility Address(s) as listed on listed on license to be extended and facility **FAX** number: (NOTE: If address(s) has changed, an initial application is required. Contact the Department to request an initial application.).

\_\_\_\_\_ ( )

5. Mailing Address where license extension and correspondence should be mailed.

Is this a change? ☐ YES ☐ NO

\_\_\_\_\_

6. Has the licensee changed tax status (from nonprofit to profit or profit to nonprofit)? ☐ YES ☐ NO

If yes, contact the Department immediately to obtain clarification. An initial application may be required.

7. Name and telephone number of administrator/director:

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8. Has the administrator/director changed since previous license was issued?

☐ YES ☐ NO

IF YES, forms A-2 "Administration/Director Information" and A-4 "Designation of Administrative Responsibility" must be submitted with extension application.

9. **TOTAL OCCUPANCY OF FACILITY (FOR FIRE CLEARANCE PURPOSES) AS DETERMINED BY THE FIRE INSPECTOR.** (Total occupancy is to be requested and approved on the Fire Safety Inspection Request Form. This is the maximum number of individuals who **live** at the facility and are approved by the fire safety inspector. These individuals **include** the residents receiving recovery, treatment or detoxification services, children of the residents, and staff. **It is important to note that staff includes individuals who work for the licensee in exchange for either monetary or in-kind compensation (e.g., room and board).** \_\_\_\_\_

10. **MAXIMUM REQUESTED ADULT RESIDENT CAPACITY OF THE FACILITY.** (The number of adult residents that receive **recovery, treatment, or detoxification services at any one time**, which cannot be greater than the total occupancy shown in 9 above): \_\_\_\_\_

11. **MAXIMUM NUMBER AND AGE RANGE OF DEPENDENT CHILDREN WHO ARE SUPERVISED BY THEIR PARENT(S) IN THE FACILITY.** This includes temporary residing (i.e., overnight, weekend visits) of the dependent children. (Since there must always be at least one adult being served, the maximum number of dependent children housed must be at least one less than the total occupancy, determined by the fire inspector, as shown in 9 above): \_\_\_\_\_

12. Date of last approved fire clearance: \_\_\_\_\_

13. Does the last approved fire clearance reflect the total occupancy listed in 9 above? IF NO, PROVIDER MUST SUBMIT AN APPROVED FIRE SAFETY INSPECTION WITH THIS EXTENSION APPLICATION REFLECTING THE TOTAL OCCUPANCY.

☐ YES ☐ NO

14. DURATION OF USUAL RECOVERY OR TREATMENT PROGRAM IN LICENSED FACILITY (in days): \_\_\_\_\_

15. IS THE FACILITY ACCESSIBLE TO INDIVIDUALS IN WHEELCHAIRS (due to disability) OR OTHER NONAMBULATORY CONDITIONS?

☐ YES ☐ NO

**NOTE:** The Americans with Disabilities Act of 1990 (ADA) - Public Law 101-336, C42 U.S.C., Chapter 126 is a comprehensive federal anti-discrimination law for people with disabilities. The Department of Alcohol and Drug Programs reminds all providers of alcoholism or drug abuse recovery or treatment services that discrimination against persons with disabilities is prohibited. Further, the Department of Alcohol and Drug Programs encourages you to become familiar and comply with the ADA guidelines. Local governmental entities should be contacted for specific ADA requirements for your area.

16. Is water used for human consumption from a municipal water source?

☐ YES ☐ NO

**NOTE:** IF NO, a bacteriological analysis is required for nonmunicipal water (Chapter 5, Division 4, of Title 9, Section 10518, California Code of Regulations). This may be conducted by the local health department, the State Department of Health Services, or a licensed commercial laboratory. A copy of the analysis is to be submitted with this extension application and updated annually and maintained at the facility.

17. **NONPROFIT LICENSEES ONLY (any change to the information below must be reported to the Department of Alcohol and Drug Programs):**

Have you obtained tax-exempt status from the Internal Revenue Service under Internal Revenue Code 501(c)(3) **and** from the California Franchise Tax Board under Revenue and Taxation Code 23701d? ☐ YES ☐ NO

**IF YES:** What is your primary purpose (check one)?

☐ Charitable ☐ Religious ☐ Educational

☐ Other - Please Specify: \_\_\_\_\_

**IF NO:** Are you nonprofit based on another provision of the law? ☐ YES ☐ NO

**IF YES:** Specify the provision: \_\_\_\_\_

18. **RELIGIOUS ACTIVITIES:**

a. Do you **mandate** religious study or activities as part of your recovery, treatment, or detoxification services? ☐ YES ☐ NO

**IF YES:** The religious studies or activities must be reflected on the Weekly Activities Schedule and in the Admission Agreement.

b. Do you offer, on a voluntary basis, religious study or activities as part of your recovery, treatment, or detoxification services? ☐ YES ☐ NO

**IF YES:** Religious study or activities and distinct nonreligious activities for those not choosing the religious studies or activities must be reflected on the Weekly Activities Schedule and the Admission Agreement.

***IT IS IMPORTANT TO NOTE: PUBLIC FUNDS CANNOT BE USED TO SUPPORT RELIGIOUS STUDY OR ACTIVITIES.***

19. Current Public Funding:

Do you have a county contract? ☐ Yes ☐ No

Do you receive perinatal funds? ☐ Yes ☐ No

Do you receive any funds from the Department of Corrections? ☐ Yes ☐ No

If yes, check source

☐ Bay Area Services Network

☐ Prison Project Network

☐ Parole Partnership Program

☐ Other \_\_\_\_\_

Other public funding: \_\_\_\_\_

20. Current Property Ownership:

☐ Own ☐ Rent ☐ Lease ☐ Other (specify) \_\_\_\_\_

If renting or leasing, name, address and telephone number of property owner:

\_\_\_\_\_  
(Name) (Telephone)

\_\_\_\_\_  
(Address) (City/State) (Zip)

21. Form A-5 "Facility Staffing" must be completed with the facility's current staff/volunteers.

- ❖ Form C-3 "Health Screening Report - Facility Personnel" must be completed for staff hired since the last review. This shall be a part of the personnel file.

22. Form A-6 "Weekly Activities Schedule" must be completed with the facility's current schedule of weekly activities.

23. Check the recovery/treatment services provided at this site: (Check all that apply)

☐ Detoxification\*

☐ Group Sessions

☐ Individual Sessions

☐ Educational Sessions

☐ Recovery or Treatment Planning

☐ Other \_\_\_\_\_

**\*Additional regulatory requirements must be met to provide detoxification services. Refer to Title 9, CCR, Section 10572(b)(1).**

24. Describe and check the demographics of the resident population to be served (age, race/ethnicity, and sex). [Title 9, CCR, Section 10516 (a)(5)]
- 
- 

- |  |  |
|--|--|
| <input type="checkbox"/> 1.1 General Population (co-ed)* | <input type="checkbox"/> 1.4 Dependent Children of Residents** |
| <input type="checkbox"/> 1.2 Men Only                    | <input type="checkbox"/> 1.5 Adolescents (14-17)*              |
| <input type="checkbox"/> 1.3 Women Only                  | <input type="checkbox"/> 1.8 Dual Diagnosis***                 |
|  | <input type="checkbox"/> Other                                 |

\* Additional regulatory requirements must be met by licensee prior to serving this population. (Co-ed refer to Title 9, CCR, Section 10581(f)(1-3)) (Adolescents refer to Title 9, CCR Sections 10598-19631)

\*\* The approved fire clearance must address any dependent children of residents residing at the facility. This includes temporary residency (i.e., overnight weekend visits of dependent children).

\*\*\* Serving this population may require the licensee to obtain licensure from another state agency. For example, the Department of Alcohol and Drug Programs does not have licensing authority over facilities in which staff provide assistance to residents with activities of daily living. This includes but is not limited to, assistance in dressing, grooming, bathing, and other personal hygiene. CONTACT THE DEPARTMENT OF SOCIAL SERVICES - COMMUNITY CARE LICENSING at (916) 324-4031 or a regional office (identified in the government pages of a local phone book) if you have questions regarding the proper licensing department.



## SECTION B: SUPPORTIVE DOCUMENTS

**NOTE:** Place a ✓ mark on the number or letter corresponding to the document(s) that have **changed** since your previously submitted documentation. Only the documents with a ✓ need to be submitted with this extension application.

### 25. Plan of Operation

- ☐ a. Statement of program goals and objectives
- ☐ b. Outline of activities and services
- ☐ c. Admission policies and procedures
- ☐ d. Assurance of nondiscrimination in employment practices and provisions of benefits and services
- ☐ e. A copy of the facility's resident admission agreement. Pursuant to Title 9, California Code of Regulations, Section 10566, the admission agreement shall specify all of the following:
  - Services to be provided,
  - Payment provisions including (amount assessed and payment schedule),
  - Refund policy,
  - Those actions, circumstances or conditions which may result in resident eviction from the facility,
  - The consequences when a resident relapses and consumes alcohol and/or nonhealth sustaining drugs, and
  - Conditions under which the agreement may be terminated.
- ☐ f. Table of administrative organization of the facility
- ☐ g. Staffing plan, job descriptions, and minimum staff qualifications
- ☐ h. A sketch of the grounds, showing buildings, driveways, fences, storage areas, pools, gardens, recreation areas, and other space used by residents
- ☐ i. Floor plans which describe the dwelling capacity, intended use, and dimensions of the rooms
- ☐ j. Sample menus and schedule for one calendar week, indicating the times of day that meals are to be served
- ☐ k. Consultant and community resources to be utilized by the facility as part of its program

### 26. Provisions for Safeguarding Residents Property

## REQUIRED SIGNATURES AND LICENSEE RESPONSIBILITIES

27. LICENSEE RESPONSIBILITIES:

- A. In addition to complying with the Health and Safety Code and regulations concerning licensing and fire safety, I/we understand that there is also an obligation to meet other state, federal, and/or local codes and regulations, such as zoning, building, sanitation, labor, nondiscrimination, confidentiality, and ADA.
- B. Permission shall be obtained by the licensee from the Department of Alcohol and Drug Programs prior to making any changes that affect the terms of the license.

28. AUTHORIZED SIGNATURE(S) OF LICENSEE:

**THE UNDERSIGNED ASSURES THAT THE LICENSEE DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES AND PROVISION OF SERVICES ON THE BASIS OF ETHNIC GROUP IDENTIFICATION, RELIGION, AGE, SEX, COLOR, OR DISABILITY PURSUANT TO TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (SECTION 2000d, TITLE 42, UNITED STATES CODE); THE AMERICANS WITH DISABILITIES ACT OF 1990 (SECTION 12132, TITLE 42, UNITED STATES CODE); SECTION 11135 OF CALIFORNIA GOVERNMENT CODE; AND FOR RECIPIENTS OF FINANCIAL ASSISTANCE, THE REHABILITATION ACT OF 1973 (SECTION 794, TITLE 29, UNITED STATES CODE), AND CHAPTER 6 (COMMENCING WITH SECTION 10800) DIVISION 4, TITLE 9 OF THE CALIFORNIA CODE OF REGULATIONS.**

- A. If the licensee is a sole proprietor, the application shall be signed by the proprietor. [Regulation Section 10516(b)]
- B. If the licensee is a partnership, the application shall be signed by each partner. [Regulations Section 10516(b)(1)]
- C. If the licensee is a firm, association, corporation, county, city, public agency or other governmental entity, the application shall be signed by the chief executive officer or the individual legally responsible for representing the agency. [Regulations Section 10516(b)(2)]
- D. The licensee affirms that the facts contained in this application and supporting documents are true and correct.

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(Signature)	(Title)	(Date)
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(Signature)	(Title)	(Date)
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(Signature)	(Title)	(Date)
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## SECTION C - SUPPORTIVE DOCUMENTS

Explanation of Section C - At the time of the on-site review, the following items need to be ready and available for the licensing analyst.

1. Plan of Operation  
A written plan of operation must be maintained which includes, at minimum, all requirements listed in Regulations Section 10517(a)(2).
2. Personnel Records of all Paid and/or Volunteer Staff  
Personnel records must, at minimum, contain all of the requirements listed in Regulations Sections 10564, 10565 and 10572. The attached form Health Screening Report - Facility Personnel (C-3) may be used to comply with Sections 10564(c) and 10565(b).
3. Resident Records  
Resident records must, at minimum, contain all requirements listed in Regulations Sections 10566, 10567, 10568, 10569, and 10572.
4. Telephones and Transportation  
Telephones must be provided for emergency use to comply with Regulations Section 10570. Vehicles used to transport residents must comply with Regulations Section 10571.
5. Health Related Documents and Policies  
Health related documents and policies must contain all requirements listed in Regulations Section 10572. The attached forms Centrally Stored Medication and Destruction Record (C-6A) may be used by the facility and Unusual Incident/Injury/Death Report (C-6B) shall be used by the facility. In addition, there shall be written rules and policies to prevent persons (except in detoxification programs) who have consumed alcohol or other drugs from being on the premises [Section 10572(c)].
6. Food Service - Documents and Storage  
Food service documents, food preparation areas, and storage areas will be reviewed to ensure compliance with Regulations Section 10573.
7. Physical Environment  
The building will be inspected to ensure compliance with Regulations Sections 10580 through 10584.
8. Federal Requirements  
A copy of the Code of Federal Regulations regarding confidentiality, (42 CFR), and the Code of Federal Regulations regarding nondiscrimination, (45 CFR), must be maintained at the facility and available for review in accordance with Regulations Sections 10517(a)(2)(D), 10564, 10568, and 10569. The attached form Personal Rights (C-9) may be used by the facility for convenience.

IDENTIFYING INFORMATION

NAME	
TITLE	TELEPHONE NUMBER (     )
ADDRESS	
OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR	

EDUCATION

EDUCATION	CIRCLE THE HIGHEST GRADE YOU COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	HIGH SCHOOL GRADUATE PASSED HIGH SCHOOL EQUIVALENCY TESTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED	DEGREE OBTAINED	DATE COMPLETED
		SEMESTER UNITS	QUARTER UNITS	

MANAGEMENT EXPERIENCE

Type	Title	Date Started	Date Ended	Reason for Leaving

DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE?    ☐ Yes    ☐ No    IF YES, COMPLETE THE FOLLOWING

Type	Period Held	Issuing Agency

WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCE WHICH INDICATE COMPLIANCE WITH LICENSING REGULATIONS AND/OR CERTIFICATION STANDARDS.

Dates	Name and Address of Employer	Duties	Reason for Leaving
FROM			
TO			
FROM			
TO			
FROM			
TO			

Signed \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION FOR LICENSE****DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY****A-4**

Applicants who are corporations shall attach board resolutions authorizing a delegation to the Program Director and/or Administrator or other appropriate staff.

1. Applicant Name: \_\_\_\_\_

2. Program Name: \_\_\_\_\_

3. Program Address: \_\_\_\_\_

4. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Telephone: (\_\_\_\_) \_\_\_\_\_

6. \_\_\_\_\_  
(Name of person(s) authorized by applicant)

is hereby designated as administrator, program manager, or agent of the above-named program and is authorized to receive at the above named program on my behalf, any documents including reports of inspections and consultations, accusations, and civil and administrative processes.

PER SECTION 10561(C)(3), I WILL NOTIFY THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS, WITHIN 10 WORKING DAYS OF ANY CHANGE OF THE ADMINISTRATOR OF THE FACILITY.

7. \_\_\_\_\_  
Signature of applicant(s)

8. Title: \_\_\_\_\_

9. Address: \_\_\_\_\_

10. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

INSTRUCTIONS: Use this form to identify all staff of the facility/program. Volunteers are to be designated by placing a "V" after their name.

[illegible]

**WEEKLY SCHEDULE OF RECOVERY, TREATMENT, OR DETOXIFICATION SERVICES**

(INCLUDE INDIVIDUAL/GROUP EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING)

DETOXIFICATION SERVICES PROVIDED AT THE FACILITY (please check): ☐ YES ☐ NO

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 a.m.							
7-8 a.m.							
8-9 a.m.							
9-10 a.m.							
10-11 a.m.							
11 a.m. - 12 p.m.							
12-1 p.m.							
1-2 p.m.							
2-3 p.m.							
3-4 p.m.							
4-5 p.m.							
5-6 p.m.							
6-7 p.m.							
7-8 p.m.							

TOTAL HOURS PER WEEK OF INDIVIDUAL/GROUP/EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): \_\_\_\_\_

Comments:

**APPLICATION FOR LICENSE****HEALTH SCREENING REPORT - FACILITY PERSONNEL C-3**

All personnel, including applicant or employed staff of an alcoholism or drug abuse recovery or treatment facility must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician. A health screening by or under the direction of a physician must have been performed not more than sixty (60) days prior to employment or within seven (7) days after employment.

Note to Licensee: Pursuant to Title 1, Chapter 6.2 of the Americans With Disabilities Act (ADA), an employer may not make any medical inquiry or conduct any medical examination before making a job offer. After making a conditional job offer and before a person starts work, an employer may make unrestricted medical inquiries.

Facility Name: \_\_\_\_\_ Facility ID Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Number of Days/Week: \_\_\_\_\_ Number of Hours/Day: \_\_\_\_\_

Please attach a duty statement.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

*I hereby authorize the release of medical information contained in this report.*

\_\_\_\_\_  
Signature of Employee

**Note to Physician:** Personnel in alcoholism or drug abuse recovery or treatment facilities shall be in good general health, free from communicable disease, and occupationally capable of performing assigned tasks. Please complete the following information on the above named person.

Evaluation of General Health:

Are there any limitations on this individual's ability to perform work described in the above duty statement?

☐ NO ☐ YES If yes, explain or note any health conditions that would create a hazard to the person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of TB Test: \_\_\_\_\_ ACTION TAKEN IF POSITIVE: \_\_\_\_\_

☐ POSITIVE

☐ NEGATIVE \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Health Screener: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION FOR LICENSE****CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD C-6A**

Resident's Name:	Admission Date:	Attending Physician:
Facility Name:	Facility ID No.:	Program Director:

**CENTRALLY STORED MEDICATION INSTRUCTIONS:** Licit medications which are permitted by the licensee shall be controlled as specified by the licensee's written goals, objectives and procedures.

Medication Name	Strength/Quantity	Instructions Control/Custody	Expiration Date	Date Filled	Prescribing Physician	Prescription Number	No. Refills	Name of Pharmacy

**MEDICATION DESTRUCTION RECORD INSTRUCTIONS:** Prescription drugs not taken with the resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Program Director or designated representative and witnessed by one other authorized individual (NON-RESIDENT).

Medication Name	Strength/Quantity	Date Filled	Prescription Number	Disposal Date	Name of Pharmacy	Administrator's Signature	Witness' Signature

**Instructions: The licensee shall make a telephonic report to the Department of Alcohol and Drug Programs within one (1) working day for any of the following events: 1) Death of any resident from any cause. 2) Any facility related injury of any resident which requires medical treatment. 3) All cases of communicable disease reportable under Section 3125 of the Health and Safety Code or Section 2500, 2502, or 2503 of Title 17, California Administrative Code shall be reported to the local health officer in addition to the Department. 4) Poisonings. 5) Natural disaster. 6) Fires or explosions which occur in or on the premises. The telephonic report is to be followed by a written report to the Department within seven (7) days of the event. [Regulations Section 10561]**

NAME AND SIGNATURE OF PERSON REPORTING INCIDENT:
NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE:
FACILITY NAME AND LICENSE NUMBER:
FACILITY ADDRESS:
TELEPHONE NUMBER:
RESIDENT INFORMATION (Name, Age, Sex and Admission Date):

**Complete in report Sections I, II and/or III as appropriate.**

<p>I. UNUSUAL EVENT OR INCIDENT: Unusual incidents include resident abuse, unexplained absences, or anything that affects the physical or emotional health or safety of any resident and epidemic outbreaks, poisonings, catastrophes, facility fires or explosions. Describe event or incident including date, time, location and nature of event. List what immediate action was taken (include persons contacted and if injury occurred complete Section II). Describe what follow-up action is planned (include steps taken to prevent reoccurrence).</p>
<p>II. INJURY REQUIRING MEDICAL TREATMENT. Describe how and where injury occurred. What appears to be the extent of the injuries? List persons who observed the injury. Name the attending physician, findings, and treatment.</p>
<p>III. DEATH REPORT. Date and time of death. Place of death. Describe immediate cause of death (if coroner report was made, send copy within 30 days). What were conditions contributing to death? What actions were taken?</p>
<p>● Name of Attending Physician:</p>
<p>● Name of Mortician:</p>

**APPLICATION FOR LICENSE****PERSONAL RIGHTS - ALCOHOL RECOVERY AND DRUG TREATMENT FACILITIES****C-9**

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In accordance with Title 9, Chapter 4, Section 10569, of the California Code of Regulations, each person receiving services from a residential alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following:

The right to confidentiality as provided for in Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations.

To be accorded dignity in personal relationships with staff and other individuals.

To be accorded safe, healthful, and comfortable accommodations to meet his or her needs.

To be free from intellectual, emotional and/or physical abuse.

To be informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the Department of Alcohol and Drug Programs.

To be free to attend religious services or activities of his or her choice and to have visits from a spiritual advisor, provided that these services or activities do not conflict with facility program requirements. Participation in religious services will be voluntary only.

## **COMPLAINTS**

In accordance with Title 9, Chapter 4, Section 10543(a), of the California Code of Regulations, any individual may request an inspection of an alcoholism or drug abuse recovery or treatment facility. Complaints should be directed to:

***Department of Alcohol and Drug Programs  
Licensing and Certification Branch  
1700 K Street  
Sacramento, CA 95814-4037***

***Attention: Complaint Coordinator  
(916) 322-2911  
FAX (916) 323-0659  
TDD: (916) 445-1942***

### **Acknowledgement**

I have been personally advised and have received a copy of my personal rights and have been informed of the provisions for complaints at the time of my admission to:

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(Name of Facility)

---

(Resident's Signature)

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(Date)

**APPLICATION FOR LICENSE****DERECHOS PERSONALES - FACILIDADES DE RECUPERACIÓN Y TRATAMIENTO****C-9 (S)**

En conformidad con el Título 9, Capítulo 4, Sección 10569, del Código de Regulaciones de California, cada persona que recibe servicios en una facilidad residencial de recuperación o tratamiento para el alcoholismo o abuso de drogas tendrá derechos, los cuales incluyen, pero no son limitados a, los siguientes:

De ser otorgado confidencialidad de acuerdo con Título 42, Secciones 2.1 a 2.67-1, Código de Regulaciones Federales.

De ser otorgado dignidad en sus relaciones con el personal y con otras personas;

De ser otorgado hospedaje que es sano y cómodo de acuerdo con sus necesidades;

De quedar libre de abuso intelectual, emocional y/o físico;

De ser informado por el director de la facilidad de las estipulaciones de la ley con respeto a quejas, incluyendo, pero no limitado al domicilio y número telefónico del Department of Alcohol and Drug Programs.

De ser libre a asistir a servicios religiosos o actividades de su preferencia y de recibir visitas de un consejero espiritual de su preferencia con la provisión que estos servicios o actividades no entren en conflicto con los requisitos del programa de la facilidad. La asistencia a servicios religiosos, sean dentro o fuera de la facilidad, sera completamente por su propia voluntad.

## **QUEJAS**

En conformidad con el Título 9, Capítulo 4, Sección 10543(a), del Código de Regulaciones de California, cualquier individuo puede solicitar una inspección de una facilidad de recuperación o tratamiento para el alcoholismo o abuso de drogas. Favor de dirigir sus quejas a:

***Department of Alcohol and Drug Programs  
Attention: Complaint Coordinator  
Licensing and Certification Branch  
1700 K Street  
Sacramento, CA 95814-4037***

***Numero Telefonico: (916) 322-2911  
FAX: (916) 323-0659  
TDD: (916) 445-1942***

**Reconocimiento**

He sido notificado y he recibido una copia de mis derechos personales y he sido informado de las estipulaciones para registrar quejas al ser admitido a:

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(Nombre de la Facilidad)

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(Firma del Residente)

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(Fecha)